Excellencies, ladies and gentlemen

Finally, mental health is globally out of shadows, and this is a good news.

Many good initiatives at the global, regional and national levels, have demonstrated the attempts of Member States and other stakeholders to address mental health in parity with physical health through investments that reduce the huge treatment gap. These efforts respond to the fact that many persons with mental health conditions, especially in developing countries, do not receive the needed treatment and support.

However, it should be reminded that the right to mental health of everyone can be promoted only in supportive and enabling environments. Whether at home or in school, in the workplace or in healthcare settings, people have a right to live in dignity and be free from all forms of violence and ill-treatment. Children, women and many groups in vulnerable situation need to be particularly protected from violence and discrimination, and poverty and inequalities should be seriously addressed. When we reiterate that Member States have an obligation to protect, respect and fulfill the right to mental health, this means, first of all, the promotion and protection of all human rights, and not going in some selective way with regards to certain set of rights only.

Persons with mental health conditions, and persons with intellectual and psychosocial disabilities, should have access to quality services, and very often they do not have such opportunity, as services either do not exist, or they are of poor quality and, too often, they undermine or ignore human rights, and the dignity and autonomy of those to whom they should serve.

Various concerns about the lack of adequate protection in mental health settings have been raised in many instances, including in Human Rights Council Resolutions, in many recent documents and studies, and by my mandate. There is large evidence about different human rights abuses affecting users of mental health services worldwide, including stigmatization, over-medicalization and the use of force, to mention only few. This is not acceptable and needs to change.

Through research and consultations for my thematic reports and during my country missions, I have had good opportunities to explore the right to mental health and I confirm here, today, that the situation of human rights in mental health settings is unacceptable, and behind this failure there is not just a lack or shortage of financial resources invested in mental healthcare. Behind, we can find the burden of systemic obstacles impeding the realization of the right to mental health. These include huge power asymmetries that continue to exist, the overuse of biomedical interventions, and the biased use of knowledge.

So, the problem is not just an inadequate funding of mental health services. There is strong evidence that the status quo, based on conventional wisdoms, has failed. For example, Europe is not a poor region, but has a high number of children and adults with different conditions living in institutional care. Funds continue to be invested in the renovation and expansion of large residential institutions and separate psychiatric hospitals, despite our understanding that such facilities strengthen the vicious cycle of stigma, exclusion, hopelessness and discrimination, and are, in fact, harmful. This is more severe in the case of young children where research has shown that their placement in institutional care, negatively affects brain development and their ability to form healthy relationships, finally affecting their right to health as they transition into adulthood.

In psychiatry and mental healthcare, two strong conventional wisdoms keep the status quo and power imbalances, namely: the concept of dangerousness and the concept of medical necessity to “fix a *disorder*”. These concepts are not supported by modern evidence, but they continue to drive practices of psychiatry and to justify the need for “exceptions” based on the power given to psychiatrists to use and overuse non-consensual measures. The sad reality is that these “exceptions” turn into the rule and into systemic violations.

We are all aware about existing differences regarding the absolute ban of “exceptions” in the use of coercive measures in mental healthcare. My position is that these differences should not obstruct the way forward which, in my view, should lead to the mainstreaming, through investing human and financial resources, of a broad spectrum of measures to radically reduce non-consensual measures, with a view to their elimination. In my report, I have provided recommendations on how to move forward, and I am happy that many organizations and experts (representing those who use and who provide services) supported these messages. It would be of utmost importance to have Member States in each region that would agree to serve as champions and to move ahead with prioritizing in their mental health policies those services that are human rights compliant, radically reducing coercion and power asymmetries.

Thank you.